

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

**11868**

FILED MAR 31 1953

REG. DIST. NO.

**318**

PRIMARY REG. DIST. NO.

**1003**

Registrar's No. ....

**2670**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2259</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>23 5 N 9th St., 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred Kuhs</b> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8th, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 15th 1886 66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>not known</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Virginia Adams</b>		ADDRESS <b>240 Chambers</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio renal Vascular Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>Years Unknown Still Short Duration</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Th.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>0102X</b>	
22. I hereby certify that I attended the deceased from <b>March 5, 1953</b> , to <b>March 8, 1953</b> , that I last saw the deceased alive on <b>March 5, 1953</b> , and that death occurred at <b>11:45 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. D. Hamilton</b> (Degree or title)		23b. ADDRESS <b>8363 Halls Ferry</b>	23c. DATE SIGNED <b>MD</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/11/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 10 1953</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Diedrich F. Home</b>		ADDRESS <b>8319 Hallsferry</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Fred J. Tamm*

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.